

**ADPA BULLETIN NO. 03-03**

March 27, 2003

TO: Executive Directors  
Proposition 36 Contract Treatment Providers

FROM: Patrick L. Ogawa, Director  
Alcohol and Drug Program Administration

SUBJECT: **ORDER FORM FOR PROPOSITION 36 DRUG TESTING SUPPLIES**

This is to provide you with a form for ordering Proposition 36 drug testing supplies from Laboratory Corporation of America (LabCorp). The form was developed to streamline the process of ordering and receiving supplies. Please begin using this form immediately.

LabCorp has agreed to make a 30-day supply available to all providers. It is the responsibility of the providers to inventory their stock, plan ahead, and submit order forms to LabCorp prior to running out of supplies. Completed order forms should be faxed to LabCorp at the number listed on the form. Supplies will be delivered within five to seven days.

Please try to avoid depleting your stock because doing so can create an emergency situation for both your agency and LabCorp. Emergency orders will be shipped within one day but providers must pay all shipping charges. To place emergency orders, contact Gretchen Zerfas, LabCorp Customer Service Manager, at (800) 882-7272, extension 8588.

If you have any questions or need additional information, please call Nati Munekiyo at (626) 299-4112.

PLO:nm

c: Mike Kotzin  
Nati Munekiyo



# Prop 36 Provider Supply Order Form

Please complete and fax to: (858) 587-6355

Agency Name: \_\_\_\_\_

Account #: for Point of Care Testing: \_\_\_\_\_ for Lab Testing: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

Fax number (to receive a confirmation number): \_\_\_\_\_

**\*Please order a 30-day inventory of client supplies and allow 5-7 business days for delivery.**

## For Point of Care Testing

- |  | # of items |
|--|------------|
| <input type="checkbox"/> Requisition forms   | _____      |
| <input type="checkbox"/> Collection cups     | _____      |
| <input type="checkbox"/> Gloves (individual) | _____      |

## For Lab Testing

- |   | # of items |
|---|------------|
| <input type="checkbox"/> Requisition forms  | _____      |
| <input type="checkbox"/> 60mls single vials | _____      |

## Point of Care Testing kits:

- |  | # of items |
|--|------------|
| <input type="checkbox"/> Methamphetamine | _____      |
| <input type="checkbox"/> Opiates         | _____      |
| <input type="checkbox"/> THC             | _____      |
| <input type="checkbox"/> Cocaine         | _____      |
| <input type="checkbox"/> PCP             | _____      |
| <input type="checkbox"/> Benzodiazepines | _____      |
| <input type="checkbox"/> Barbiturates    | _____      |
| <input type="checkbox"/> Methadone       | _____      |
| <input type="checkbox"/> Alcohol         | _____      |

## Other

- |   | # of items |
|---|------------|
| <input type="checkbox"/> Large courier bags | _____      |
| <input type="checkbox"/> Lockbox: Large     | _____      |
| Small                                       | _____      |

Confirmation/Order ID #(s): \_\_\_\_\_

Date filled: \_\_\_\_\_ Delivered via UPS Courier Other: \_\_\_\_\_

Approved by: \_\_\_\_\_